



REGISTRATION FORM – INDIVIDUAL PLAYER

Program Option	Rates	Grades	Time	Start Date	End Date	Session #	Registration (please check appropriate Training Option(s))
Novice Training Group A	\$260	N/A	5:00pm-6:00pm	Mon/ March 21st	Mon/ May 9th	1	
Novice Training Group B	\$260	N/A	5:00pm-6:00pm* *final 2 sessions at 4pm	Tues/ March 22nd	Tues/ May 10th	1	
Novice Training Group C	\$260	N/A	5:00pm-6:00pm* *final 2 sessions at 4pm	Thurs/ March 24th	Thurs/ May 12th	1	
Novice Training Group D	\$260	N/A	9:00am -10:00am* *all sessions at 9am except for first session at 10am	Sat/ March 26th	Sat/ May 14th	1	
Offense							
QB, WR, RB-SGT Group A	\$275	3-4	6:00pm-7:00pm	Mon/ March 21st	Mon/ May 9th	1	
QB, WR, RB-SGT Group A	\$275	5-6	7:00pm-8:00pm	Mon/ March 21st	Mon/ May 9th	1	
QB, WR, RB-SGT Group B	\$275	7-8	6:00pm-7:00pm* *final 2 sessions at 5pm	Tues/ March 22nd	Tues/ May 10th	1	
QB, WR, RB-SGT Group B	\$275	9-12	7:00pm-8:00pm* *final 2 sessions at 6pm	Tues/ March 22nd	Tues/ May 10th	1	
QB, WR, RB-SGT Group C	\$275	3-4	6:00pm-7:00pm	Thurs/ March 24th	Thurs/ May 12th	1	
QB, WR, RB-SGT Group C	\$275	5-6	7:00pm-8:00pm	Thurs/ March 24th	Thurs/ May 12th	1	
QB, WR, RB-SGT Group D	\$275	7-8	10:00am-11:00am* *all sessions at 10am except for first session at 11am	Sat/ March 26th	Sat/ May 14th	1	
QB, WR, RB-SGT Group D	\$275	9-12	11:00am-12:00pm* *all sessions at 11am except for first session at 12pm	Sat/ March 26th	Sat/ May 14th	1	
Defense							
DB/LB-SGT OL/DL-SGT	\$275	3-5	5:00pm-6:00pm	Fri/ March 25th	Fri/ May 13th	1	
DB/LB-SGT OL/DL-SGT	\$275	6-8	6:00pm to 7:00pm	Fri/ March 25th	Fri/ May 13th	1	
DB/LB-SGT OL/DL-SGT	\$275	9-12	7:00pm-8:00pm	Fri/ March 25th	Fri/ May 13th	1	
NOTES:							
Novice Training = This is recommended for players new to football. This program will expose and teach each player the different positions on the field. SGT = Small Group Training QB = Quarterback/ WR = Wide Receiver/ RB =Running Back DB =Defensive Back/ LB =Linebacker/ OL =Offensive Line/ DL =Defensive Line							



Player/Contact Information:

Program Options (s):	Session #:
Player Name:	D.O.B.:
Address:	
City/State/Zip:	
Phone(H):	Phone(C):
Email:	
Father's Contact Info: Name:	Phone:
Father's Email:	
Mother's Contact Info: Name:	Phone:
Mother's Email:	

Payment Information

Please Select One: (please check one)		
	Cash	
	Check*	
<p><i>If check returned, there will be a \$30 penalty</i></p> <p><u>Make Checks Payable to:</u> All-American Football Academy, Inc.</p> <p><u>Mail to:</u> All-American Football Academy, Inc. 799 Franklin Avenue, Suite 149 Franklin Lakes, NJ 07417</p>		



RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT

In Consideration of _____ the minor being permitted to participate in any way with All-American Football Academy, Inc. I the parent and natural guardian of said minor, or myself, or personal representatives, assigns, heirs, and next of kin of said minor.

1. **ACKNOWLEDGE**, agree, and represent that I understand the nature of such activities and that I am of the opinion that said minor is qualified, in good health, and in proper physical condition to participate in such activity. I further agree and warrant that if at anytime I believe that such minor's health and physical condition should change so that it would be unsafe for such minor to continue to participate in such activity, I will immediately remove the minor's from further participation in such activity.

2. **I FULLY UNDERSTAND THAT:** a) such minor's participation in the aforesaid activity involve risk and danger of serious bodily injury, including permanent disability, paralysis, and death ("risks"); b) these risks and dangers may be caused by said minor's actions or inactions, the actions or inactions of others participating in the activity, the condition in which the activity takes place, or the negligence of All-American Football Academy, Inc. c) there may be other risks and social economic losses either known or not known to me or not readily foreseeable at this time, and I fully accept and assume all such risks and responsibilities for losses, costs and damages such minor may incur as a result of the minor's participation in the activity.

3. **I HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE** All-American Football Academy, Inc. or their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and owner and lessors of premises on which the activity takes place, (each considered one of the "RELEASES" herein) from all liability, claims, demands, losses or damages on said minor's account caused or alleged to be caused in whole or in part by the negligence of the RELEASES, or otherwise, including negligent rescue operations, and I further agree that if despite this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement, I or anyone on behalf of said minor makes a claim against the Releases, I as a parent or natural guardian, will indemnify, save and hold harmless each of the releases, from any litigation expenses, attorneys' fees, losses, liability, damage or costs of which they may incur as a result of such claim.

4. **I FULLY UNDERSTAND THAT:** In the case of injury or medical emergency and in the event the participant, or their parent or guardian cannot respond at the time of the emergency, All-American Football Academy, Inc. has permission to seek, administer, or have administered whatever first aid or emergency medical care deemed necessary for the participant's welfare, and it is understood that the participant, and not All-American Football Academy, Inc shall be responsible for any and all charges for such health care services regardless of whether the participant's medical insurance would cover such charges.

5. **ACKNOWLEDGEMENTS:** On behalf of myself, Participant and any other parent or legal guardian of Participant, I hereby understand, agree and acknowledge: **(A) THAT I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT; (B) THAT I HAVE READ AND UNDERSTAND THIS DOCUMENT, AND AGREE TO BE BOUND BY ITS TERMS; (C) THAT I HAVE NOT RELIED ON ANY ORAL OR WRITTEN REPRESENTATIONS MADE BY ALL-AMERICAN FOOTBALL ACADEMY, INC., OR ANY OF ITS MEMBERS, OWNERS, EMPLOYEES, OFFICERS, AGENTS OR REPRESENTATIVES; (D) THAT I AM FULLY AWARE OF, AND HAVE BEEN ADVISED OF THE POTENTIAL RISKS CONNECTED WITH PARTICIPANT'S USE OF ALL-AMERICAN FOOTBALL ACADEMY, INC AND PARTICIPATION IN ALL-AMERICAN FOOTBALL ACADEMY, INC ACTIVITIES AND; (E) THAT I AM SIGNING THIS DOCUMENT VOLUNTARILY, AND OF MY OWN FREE WILL.**



I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS OF SAID MINOR BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE TO SAID MINOR, AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK,
AND INDEMNITY AND PARENTAL CONSENT AGREEMENT**

Signature:

Printed Name of Parent/Guardian Signing:

(If participant is under the age of 18, parent/legal guardian signature)

Printed Name of Minor:

Address:

Date:

Emergency Contact Phone:

Phone(C):

Email:

Relation:

Please list any medical conditions or allergies: